Issue Classification	10053827	CHANG ET AL.	Applicant(s)/Patent under Keexamination CHANG ET AL.	
	Examiner Vu, Thong H	Art Unit 2142		
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CLASS	SUBCLASS	CLAIMED	NON-CLAIMED	MED
602	206	G 0 6 F 15 / 16		
CROSS RE	CROSS REFERENCE(S)			
CLASS SUBCLASS (	SUBCLASS (ONE SUBCLASS PER BLOCK)			
709 207				
NONE (Assistant Examiner) (Date)	(a)		Total Claims Allowed:	llowed:
See 30	A HOSOG THONG VU CUBIL	8/21/06	O.G. Print Claim(s)	O.G. Print Figure

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